<u>WS-EN3</u>

Name/HI Number	Date Application Rec'd. by M+C Org.	Date of Reply Listing.	Reason Rejected.	M+C Org Follow up Correct?	Date Of Enroll or Subsequent Denial?	Applicant Notified Properly?	Comments

Standard: 95 percent correct.

Determination: Transfer results of this sample to the appropriate requirements at EN01 - EN16 of the *Review Guide*. See Column Explanations for coded requirements related to specific columns.

Revised for Final Rule 5/21/01 V. 1

<u>WS-EN3</u>

**Requirement:** In accordance with OPL 99.100 M+C Manual, Chapter 3, section 7.4, HCFA allows retroactive enrollments to an individual who meets certain criteria. Such actions are submitted to the Regional Office within 45 days time frames sepcified by HCFA of the availability of the HCFA Monthly Transaction Reply/Monthly Activity Report listings.

<u>Purpose:</u> To <u>assure ensure</u> that the enrollment rejections are followed up properly and appropriate retroactive actions are requested from the Regional Office. In addition, it will provide documentation that *HCFA Monthly Transaction Reply/Monthly Activity Report* listings are reviewed on a timely basis.

<u>Sample</u>: The universe includes all Medicare accretions submitted by the M+C Organization and that are rejected by HCFA during the six months prior to the month of the onsite review due to the applicant's failure to meet the requirements for Medicare enrollment during the six months prior to the month of the onsite review. These are identified by Transaction Code "61" in the "M+C Organization Submitted Actions - Rejected" section of the *HCFA Monthly Transaction Reply/Monthly Activity Report* listings, and include Reply listing denial code 31 (enrollment rejected, *data not in EDB*), 32 (enrollment rejected, applicant not entitled to Part B), 33 (not entitled to Part A), 36 (enrollment rejected, applicant in ESRD status), and 34 (enrollment rejected, applicant is not age 65).

About 10 days prior to the site visit, the reviewer will ask the M+C Organization to pull the files on those cases selected by the reviewer. Portions of this review may be completed as a desk review.

## **Column Explanations:**

Name/HI Number: Self-explanatory.

**Date Application Rec'd. by M+C Org:** What was the date the M+C Organization received the signed application?

**Date of Reply Listing:** What was the date the rejection occurred (date of reply listing)?

**Reason:** Why was the accretion rejected?

M+C Org Follow up Correct? Did the M+C Organization-provide conduct any follow-up on the rejection? Was the follow-up correct? Was a retroactive enrollment requested, if appropriately? (Per M+C Manual, Chapter 3, section 7.4) Transfer Results to EN08 & EN16.

Date of Enroll or Subsequent Denial: What is the final date of the actual enrollment or was application subsequently denied?

Applicant Notified Properly? Was the applicant properly notified of the rejection? Transfer Results to EN14.

**Comments:** Self-explanatory.